

# AUTO CR - LOG SUMMARY #1070097

TYPE: INFO

## Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						F	WHI		

## Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
29-JUN-2014 10:00 - 29-JUN-2014 10:00		1723	017	304 - STREET	

## Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee Accused	UNKNOWN,					ON Duty	THE REPORTING PARTY ALLEGES THAT DURING THE INVESTIGATION OF SHOTS FIRED THE ACCUSED OFFICERS REFUSED TO ALLOW THE VICTIM TO GET HIS CAR NOR THEY SHOW CONCERN FOR HIS INJURIES. SHE ALSO ALLEGES THAT THE ACCUSED OFFICERS REFUSED TO PROVIDE HER WITH ANY INFORMATION REGARDING THE INCIDENT.

## Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Witness						M	WHI		
NON-CPD Witness						M	WHI		
NON-CPD Witness						F	WHI		
NON-CPD Witness						M	API		

## Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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## Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
10U - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) INADEQUATE / FAILURE TO PROVIDE SERVICE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	17-JUL-2014 05:41	KLIMAS, ROBERT	COMMANDER	121 /	
PENDING ADMINISTRATIVE CLOSURE	11-JUL-2014 03:38	WATSON, JOHN	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	11-JUL-2014 10:57	DUNN, BRENDA	SERGEANT OF POLICE	121 /	ADMIN CLOSE Spoke with CV was scene of shooting allegations do nt warrant investigation.
PENDING APPROVE TEAM	02-JUL-2014 12:48	BOYD, SHARON	POLICE OFFICER	121 /	
PENDING ASSIGN TEAM	01-JUL-2014 08:34	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	01-JUL-2014 08:13	STEWART, DENISE	INTAKE AIDE	113 /	
PRELIMINARY	01-JUL-2014 08:02	STEWART, DENISE	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					STEWART, DENISE	01-JUL-2014 08:02			
	DOCUMENTS - INTAKE INCIDENT		3		N	STEWART, DENISE	01-JUL-2014 08:10	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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# FACE SHEET (Notification Date: 01-JUL-2014) - LOG #1070097

TYPE: INFO

## Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						F	WHI		

## Incident Information

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## Accused Members

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## Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

## Initial Incident Category List

Initial Incident Category	Primary?
10U - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) INADEQUATE / FAILURE TO PROVIDE SERVICE	Y

## Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	-	02-JUL-2014 12:48	BOYD, SHARON	
IAD	INTERNAL AFFAIRS DIVISION	-	01-JUL-2014 20:02	STEWART, DENISE	

## Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
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## COMPLAINT [REDACTED]

## YOUR PERSONAL INFORMATION

Complaint ID : [REDACTED]

Name : [REDACTED]

Race : WHITE

Address : [REDACTED]

Sex : FEMALE

Age : 27

## Your contact information

Best time to contact : 09:11 AM

Primary Contact Phone

Number : [REDACTED]

E-mail Address : [REDACTED]

Home Phone Number : [REDACTED]

## Your injury information

Were you injured in this incident? NO

Please describe the injury :

Did you need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

## INFORMATION ABOUT THE INCIDENT

Description of the incident :

I HAD TO CALL 911 AFTER SEEING/HEARING ABOUT 10 GUN SHOTS JUST AFTER 10:00 PM ON SUNDAY 6-29-14. I WAS WALKING MY PARENTS TO THEIR CAR; THIS WAS THE FIRST TIME THEY CAME TO VISIT ME FROM WISCONSIN SINCE WE HAVE BEEN LIVING HERE EXACTLY A YEAR NOW. SO WE CALLED 911, SAYING GUN SHOTS NEED POLICE AND THEN WE WERE HUNG UP ON; NO DIRECTIONS OF WHAT TO DO OR EVEN ASKED IF WE WERE OKAY OR INJURED. I STEP INTO THE STREET TO STOP A RANDOM COP SAYING GUNSHOTS IF YOU GO THE WRONG WAY DOWN DRAKE, THEN ANOTHER MAN SAYS ONE OF THE VICTIMS IS IN HIS STORE SO THAT COPS GOES THERE INSTEAD OF TRYING TO FIND THE SHOOTERS THE OPPOSITE WAY. THEN ONCE OTHER POLICE COME THEY TAPE OFF DRAKE BETWEEN [REDACTED] WON'T LET MY DAD GET TO THE CAR ANYMORE, AND SHOWS NO CONCERN FOR HIS BLOODY AND SCRAPED UP ARM BY HAVING TO RUN FROM THE GUNS AT FIRST AND HITTING A THIS CORNER PILLAR. FINALLY, BY 10:30 A COP WAS PUTTING UP MORE TAPE AND WANTED US TO LEAVE. I ASKED IF WE CAN GET AN UPDATE OF WHAT WOULD HAPPEN OR THE RESULTS OF ALL THIS AND HE SAYS, "NO, BUT IT WILL BE IN THE NEWS, BUT ONLY LISTEN TO 50% OF IT; GET OFF MY STREET". SO INCONSIDERATE! I'M TRAUMATIZED BY WHAT I SAW, THE FACT MY WHOLE FAMILY WAS SPLIT SECONDS FROM BEING SHOT DEAD, AND I'M TOLD NOTHING AND TREATED THIS RUDELY. I HAVE TO LIVE HERE, THIS IS MY STREET, ALL THE NEWS SAID WAS WHAT I SAW, THREE SHOT. I HAVE NO IDEA IF THESE POLICE FOUND ANY SHOOTERS, ARRESTED ANYONE, THEREFORE, I HAVE TO LIVE HERE WITH SHOOTERS ON THE LOOSE MOST LIKELY TRAUMATIZED, SCARED TO LEAVE MY CONDO.

## Location of the incident

Street Number : [REDACTED]

Direction : [REDACTED]

Street Name : [REDACTED]

Apt No. :

Building Name : ODYSSEY HAIR STUDIO  
LTD. UNISEX STYLING

Floor :

Unit :

Location Description : THE CORNER OF [REDACTED] S WHERE THE LAST POLICE OFFICER TOLD US TO LEAVE FROM. THE CEMENT POST ON THIS CORNER IS [REDACTED] WHAT MY DAD RAN INTO WHEN HAVING TO TURN AROUND AND GET OFF OF [REDACTED] BECAUSE THE GUNSHOTS WERE SHOT TOWARD HIM UP [REDACTED] TOWARD [REDACTED]

**Incident Date and Time**

Date : 06/29/2014

Time : 10:00 PM

**Evidence**

Video Evidence : NO

Audio Evidence : NO

**INFORMATION ABOUT THE POLICE OFFICERS****Police officer #1**

Last Name :

First Name :

Star No. :

Rank :

Assigned Unit :

On Duty : YES

Sex : MALE

Race : WHITE

Officer Description : ABOUT 5' 10" MAYBE, HEAVIER PROBABLY AT LEAST 200LBS, BALD I THINK

Police Vehicle Beat Number :

Vehicle Number :

License Plate :

Vehicle Description : A SUV JEEP LIKE VEHICLE, NOT A TYPICAL SEDAN CAR.

**INFORMATION ABOUT VICTIMS AND WITNESSES****Witness #1 personal information**

Last Name : [REDACTED]

First Name : [REDACTED]

Sex : FEMALE

Race : WHITE

Age : 27

Contact : [REDACTED]

**Witness #1 injury information**

Was the witness injured in this incident? : NO

Please describe the injury :

Did the witness need medical attention? : NO

Please describe the medical treatment:

Hospital/Medical Center :

**Witness #2 personal information**

Last Name : [REDACTED]

First Name : [REDACTED]

Sex : FEMALE

Race : WHITE

Age : 59

Contact : [REDACTED]

**Witness #2 injury information**

Was the witness injured in this incident? : NO

Please describe the injury :

Did the witness need medical attention? : NO

Please describe the medical treatment:

Hospital/Medical Center :

**Witness #3 personal information**

Last Name : [REDACTED]

First Name : [REDACTED]

Sex : MALE

Race : ASIAN/PACIFIC ISLANDER

Age : 30

Contact : [REDACTED]

**Witness #3 injury information**

Was the witness injured in this incident? : NO

Please describe the injury :

Did the witness need medical attention? : NO

Please describe the medical treatment:

Hospital/Medical Center :

**Witness #4 personal information**

Last Name [REDACTED]

Race : WHITE

First Name [REDACTED]

Sex : MALE

Age : 25

Contact: [REDACTED]

**Witness #4 injury information**Was the witness injured in  
this incident?: NO

Please describe the injury :

Did the witness need medical  
attention?: NOPlease describe the medical  
treatment:

Hospital/Medical Center :

**Witness #5 personal information**

Last Name : [REDACTED]

Race : WHITE

First Name [REDACTED]

Sex : MALE

Age : 61

Contact: [REDACTED]

**Witness #5 injury information**Was the witness injured in  
this incident?: NO

Please describe the injury :

Did the witness need medical  
attention?: NOPlease describe the medical  
treatment:

Hospital/Medical Center :